

# PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

RESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
PETER C RICHARDSON PFIZER INC 235 EAST 42ND STREET NEW YORK NY 10017-5755		INVENTOR'S NAME Stephen J. Ray	
		Street Address Tremissary, Edward Road, Deal	
		City, State and ZIP Code Kent, England Publishing Division	
		CO-INVENTOR'S NAME Kenneth Richardson	
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		City, State and ZIP Code Kent, England	
		<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/432,414	05/01/95	004	MORRIS, Paul	04/23/96
First Named Applicant RAY, STEPHEN J.				

TITLE OF INVENTION	TRIAZOLE ANTIFUNGAL AGENTS
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ATTYS DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	544-333.000	W18	UTILITY	NO	\$1250.00	07/23/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 Peter C. Richardson 2 Paul H. Ginsburg 3 Bryan C. Zielinski

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820 16-1445 07/29/96 08432414  
 82080 142 1,250.00CH  
 82081 561 30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE Pfizer Inc		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10	
(2) ADDRESS: (CITY & STATE OR COUNTRY) 235 East 42nd Street, New York, NY 10017 USA		6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 16-1445 (ENCLOSE PART C) <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10 <input checked="" type="checkbox"/> Any Delinquencies in Enclosed Fees	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <i>B. M. U.</i> (Date) 7/17/96 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

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